



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 50-

Date 12-3-07

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Russ Lett Home Tel: (360) 675-4810

Mailing Address 366 SE O'Leary Street Work Tel: (360) 202-5204

City Oak Harbor State WA Zip+4 98277+ FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Jeffrey M. Tasoff Savedo Consulting Group Inc. Home Tel: () -

Mailing Address PO Box 1132 Work Tel: (360) 331-4131

City Freeland State WA Zip+4 98249+ FAX: (360) 331-5131

Relationship to applicant: Water System Engineer

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 34 (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic/Public Supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) The SE quarter of the SW quarter of Section 35, Township 33 N., Range 2 E., W.M, except the east half of the NE quarter of said area.
Estimate a maximum annual quantity to be used in acre-feet per year: 3 acre feet per year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>one</u> well. APR 923		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): 6" casing/ 209' deep		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 550 feet north and 2500 feet east of the SW corner of section 35.								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>SW</u>	<u>35</u>	<u>33 N</u>	<u>2 E</u>	<u>Island</u>			
For Ecology Use Date Received: <u>12/3/07</u> Priority Date: <u>12/3/07</u>								
SEPA: <u>Exempt</u> /Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>12/3/07</u> By <u>OK</u> Date Returned _____ By _____ WRIA: <u>6</u>								

Appl. No.: 61-28526

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Strawberry Hill Estates

B. Briefly describe your proposed water system. **(See instructions.)**

These well were constructed to supply water for a small water system using less than 5000 gallons per day. The well has a 5 hp pump installed. The well will pump directly to the distribution piping that has hydro pneumatic tanks for pump protection. The system is sized to deliver water in accordance to the Department of Health requirements. This system is composed of a single well, a submersible well pump, transport lines, pressure tanks, pump controls, and distribution system piping with meters.

A water right is being applied for to allow the system to expand and potentially use water in excess of 5000 gallons per day.

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 8 Type of connection Homes
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department. Silver Lake Water Company was unwilling to provide service in this location.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: _____

B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use _____	Acres _____
Use _____	Acres _____

C. Total number of acres to be covered by this application: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up the acreage in which you have a controlling interest, including only:

- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
- ‡ Acreage proposed to be irrigated under this application;
- ‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no: _____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Oak Harbor head east on Crescent Harbor Road. Continue on Crescent Harbor as it makes a 90° turn to the right and becomes Reservation Road, then turns left to become Polnell Road and then changes names to Strawberry Point Road after the entrance to Mariner's Cove at Mariners Beach Drive. Take the 3rd left after Mariners Cove which is Strawberry Hill Lane. Follow Strawberry Hill Lane until the road branches left or straight. The well is located 100' west and south of this intersection.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

11/27/07
Date

same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



ISLAND COUNTY AUDITOR

4191192

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01/08/2007 03:29P

R

R23335-035-2460 -

The East Half of the Southeast Quarter of the Southeast Quarter of the Southwest Quarter in Section 35, Township 33 North, Range 2 East of the Willamette Meridian.

R23335-035-2140

The West Half of the Southeast Quarter of the Southeast Quarter of the Southwest Quarter of Section 35, Township 33 North, Range 2 East of the Willamette Meridian.

R23335-035-1810

The East Half of the Southwest Quarter of the Southeast Quarter of the Southwest Quarter in Section 35, Township 33 North, Range 2, East of the Willamette Meridian.

R23335-083-2140

The West Half of the Northeast Quarter of the Southeast Quarter of the Southwest Quarter in Section 35, Township 33 North, Range 2 East of the Willamette Meridian.

R23335-116-2140

The West Half of the Northeast Quarter of the Southeast Quarter of the Southwest Quarter in Section 35, Township 33 North, Range 2 East of the Willamette Meridian.

R23335-100-1810

The East 1/2 of the Northwest 1/4 of the Southeast 1/4 of the Southwest 1/4 in Section 35, Township 33 North, Range 2 East W.M.

TOGETHER WITH an easement for ingress, egress and utilities as recorded under Auditor's File No. 278008 on October 15, 1974, a re-recording of Auditor's File No. 256733.

Situate in the County of Island, State of Washington.

R23335-100-1480

The West 1/2 of the Northwest 1/4 of the Southeast 1/4 of the Southwest 1/4 of Section 35, Township 33 North, Range 2 E.W.M.

TOGETHER WITH and to that certain access and utility easement as recorded under Auditor's File No. 278008 (a re-recording of Auditor's File No. 256733).

Situate in the County of Island, State of Washington.

WATER WELL REPORT

Original & 1st copy – Ecology, 2nd copy – owner, 3rd copy – driller

Construction/Decommission ("x" in circle)

Construction

☐ Decommission *ORIGINAL INSTALLATION* Notice
of Intent Number

PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New well ☐ Reconditioned **Method:** ☐ Dug ☐ Bored ☐ Driven
☐ Deepened ☒ Cable ☐ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 6 inches, drilled 209 ft.
Depth of completed well 209 ft.

CONSTRUCTION DETAILS
Casing ☒ Welded 6 " Diam. from 71.5 ft. to 199 ft.
Installed: ☐ Liner installed _____ " Diam. from _____ ft. to _____ ft.
☐ Threaded _____ " Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No
Type of perforator used _____
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☒ K-Pac Location 198
Manufacturer's Name _____
Type stainless Model No. Tele
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. 5 Slot size 8 from 199 ft. to 209 ft.

Gravel/Filter packed: ☐ Yes ☐ No ☐ Size of gravel/sand _____
Materials placed from _____ ft. to _____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 18 ft.
Material used in seal Bentonite
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level 250+ ft.
Static level 174 ft. below top of well Date 11-25-06
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date of test _____

Bailer test 10 gal./min. with 8 ft. drawdown after 1 1/2 hrs.
Airstest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? ☐ Yes ☒ No

CURRENT

Notice of Intent No. W 238272

Unique Ecology Well ID Tag No. APR 923

Water Right Permit No. _____

Property Owner Name RUSSELL P. LETT

Well Street Address Strawberry Hill Ln

City Oak Harbor County 1st Land

Location SE 1/4-1/4 SW 1/4 Sec 35 Twn 33R 2  circle

Lat/Long (s, t, r)	Lat Deg	Lat Min/Sec
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Still **REQUIRED**) Long Deg Long Min/Sec _____

Tax Parcel No. R 23335-035-2460

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Sand Gravel Rock	0	3
Comp Sand	3	12
Clay with Gravel	12	28
Clay	28	60
Reddish Clay	60	148
Silty sand	148	182
Fine Watersand	182	209
mostly silt	209	
Well needs to be pump tested.		
Well site approved by Island County Health Dept		

Start Date 11-14-06 Completed Date 11-25-06

I certify that the information reported above are true to my best knowledge and belief.

Drilling Company WHIDBEY DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville WA 98230

Contractor's _____

Registration No. WHIDBWD971LT Date 11-26-12

Ecology is an Equal Opportunity Employer.

Bob's Pumps 1995 Water Works Way Oak Harbor Wa. 98277 1-360-675-5441					
NAME	Russ	Lett			7/22/2007
ADDRESS			Location	-2335-035-2460	
DRAW DOWN TEST RESULTS:					
Time After Start of Test	Clock Time	Water Depth (ft./in.)	Water Meter Reading (gallons)	Calc. Flow Rate (gpm)	Remarks
Start	1:32	177 ft. 11 in	0		
30 sec.	1:32:30	179 ft	17	17	
1 min.	1:33	181 ft.	34	34	
2 min.	1:34	186 ft.	68	34	
3 min.	1:35	190 ft.	102	34	
4 min.	1:36	194 ft.	136	34	
5 min.	1:37	198 ft6	170	34	
6 min.	1:38	198 ft.	204	34	
7min	1:39	198 ft.	238	34	
8min.	1:40	198 ft.	272	34	
9min.	1:41	198 ft.	306	34	
10min.	1:42	198 ft.	340	34	
11min	1:43	198 ft	374	34	
12min.	1:44	198 ft.	408	34	
13 min.	1:45	198 ft.	442	34	
14min	1:46	198 ft.	476	34	
15min	1:47	198 ft.	510	34	
20min.	1:52	198 ft.	680	34	
25min.	1:57	198 ft.	850	34	
30min.	2:02	198 ft.	920	34	
40min.	2:12	198 ft.	1260	34	
50min.	2:22	198 ft.	1600	34	
1hr	2:32	198 ft.	1940	34	
1hr. 30 min.	3:02	198 ft.	2860	34	
2hr.	3:32	198 ft.	3780	34	
2hr. 30min.	4:02	198 ft.	4700	34	
3hr.	4:32	198 ft.	5620	34	
3hr. 30min	5:02	198 ft.	6540	34	
4 hr	5:32	198 ft.	7460	34	
4hr. 5 min.	5:37	198 ft.	7630	34	
RECOVERY	198 ft.				
30sec.	190 ft.				
1 min.	177 ft. 11 in.				
Mike Nelson					



Burlington WA 1620 S Walnut St - 98233
Corporate Office 800.755.9295 • 360.757.1400 • 360.757.1402fax
Bellingham WA 805 Orchard Dr Suite 4 - 98225
Microbiology 360.671.0688 • 360.671.1577fax

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INORGANIC COMPOUNDS (IOC) REPORT

Client Name: Russ Lett
366 SE O'Leary St
Oak Harbor, WA 98277

Reference Number: 07-09369

Project: Strawberry Hill Ln
Field ID: Lett
Sample Description: Strawberry Hill Ln
Sampled By: Bobs Pumps
Sample Date: 7/22/2007
Source Type:

Lab Number: 04621314
Report Date: 7/27/2007
Date Received: 7/23/2007
Sampler Phone:

Supervisor:

CAS	ANALYTES	RESULTS	UNITS	PQL	MDL	MCL	Analyst	METHOD	COMMENT
EPA Regulated									
7440-38-2	ARSENIC	ND	mg/L	0.001	3.98E-05	0.010	mvp	200.8	
7440-39-3	BARIUM	0.009	mg/L	0.001	0.00016	2	mvp	200.8	
7440-43-9	CADMIUM	ND	mg/L	0.001	4.57E-05	0.005	mvp	200.8	
7440-47-3	CHROMIUM	ND	mg/L	0.010	0.00018	0.1	mvp	200.8	
7439-97-6	MERCURY	ND	mg/L	0.0002	0.00006	0.002	so	245.1	
7782-49-2	SELENIUM	ND	mg/L	0.005	7.06E-05	0.05	mvp	200.8	
7440-41-7	BERYLLIUM	ND	mg/L	0.001	1.09E-05	0.004	mvp	200.8	
7440-02-0	NICKEL	ND	mg/L	0.005	0.00028	0.1	mvp	200.8	
7440-36-0	ANTIMONY	ND	mg/L	0.001	1.36E-05	0.006	mvp	200.8	
7440-28-0	THALLIUM	ND	mg/L	0.001	1.33E-05	0.002	mvp	200.8	
57-12-5	CYANIDE, FREE	ND	mg/L	0.040	0.006	0.2	kiv	SM4500-CN F	
16984-48-8	FLUORIDE	0.1	mg/L	0.10	0.012	4	mvp	300.0	
14797-65-0	NITRITE-N	ND	mg/L	0.10	0.010	1	mvp	300.0	
14797-55-8	NITRATE-N	ND	mg/L	0.10	0.015	10	mvp	300.0	
E-10128	TOTAL NITRATE/NITRITE	ND	mg/L	0.10	0.017	10	mvp	300.0	
EPA Regulated (Secondary)									
7439-89-6	IRON	0.06	mg/L	0.050	0.004	0.3	bi	200.7	
7439-96-5	MANGANESE	0.057	mg/L	0.001	2.82E-05	0.05	mvp	200.8	
7440-22-4	SILVER	ND	mg/L	0.001	3.41E-06	0.05	mvp	200.8	
7440-66-6	ZINC	0.006	mg/L	0.005	8.43E-05	5	mvp	200.8	
16887-00-6	CHLORIDE	14	mg/L	1.0	0.012	250	mvp	300.0	
14808-79-8	SULFATE	ND	mg/L	0.2	0.04	250	mvp	300.0	
State Regulated									
E-10617	TURBIDITY	0.10	NTU	0.05	0.02	1.0	kiv	180.1	
7440-23-5	SODIUM	9.52	mg/L	1.0	0.03		bi	200.7	
E-11778	HARDNESS	116.4	mg/L	3.30	0.055		bi	200.7	
E-10184	ELECTRICAL CONDUCTIVITY	274	uS/cm	10	10	700	so	SM2510 B	
E-11712	COLOR	ND	Color Units	5	1	15	kiv	SM2120 B	
State Unregulated									
7439-92-1	LEAD	ND	mg/L	0.001	9.71E-06	0.015	mvp	200.8	
7440-50-8	COPPER	ND	mg/L	0.005	0.00024	1.3	mvp	200.8	

NOTES:

PQL Practical Quantitation Limit indicates the lower level of quantitation at which an analyte can be determined with a confidence of plus or minus 20%.

MCL (Maximum Contaminant Level) maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

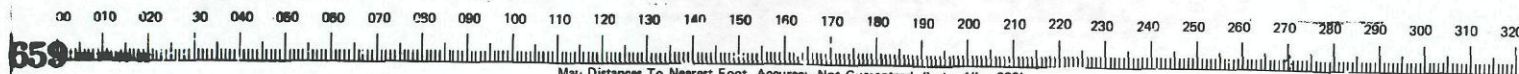
MDL Method Detection Limit is a theoretical detection limit at which there is a 99% certainty that the analyte concentration is greater than zero.

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.

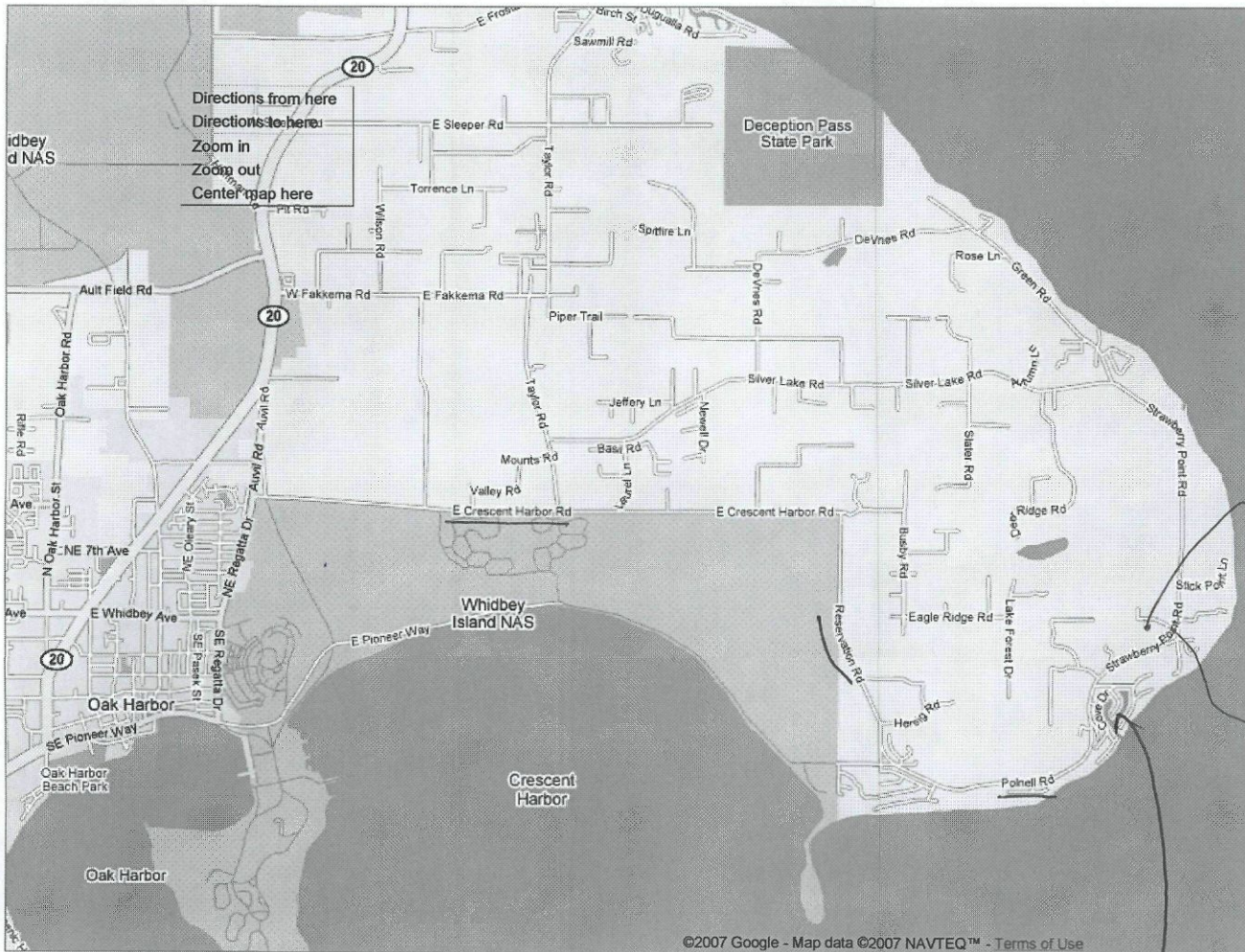
DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED



LAST CORRECTION: 5 April 90-EB



Map Distances To Nearest Foot. Accuracy Not Guaranteed. Scale: 1" = 200'





DAVID CONSULTING GROUP, INC.
CIVIL - STRUCTURAL - LAND USE
PO Box 1132
Freeland, WA 98249



Department of Ecology
Cashier
PO Box 5128
Lacey, WA 98509